								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								RD 10/7/0458					
		CLAIMS	•	S FILED - PART I (Column 1) (Column 1)			SMALL TYPE		ENTITY	OR		THAN ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FEE		
TOTAL CHARGEABLE CLAIMS			m	minus 20=		•		XS 9=		1 .	3/242		
INDEPENDENT CLAIMS				ninus 3 =	•		1 ·	X43=		OR	You		
MULTIPLE DEPENDENT CLAIM PF			PRESENT							-IOA			
* If the difference in column 1 is I			less than 2	less than zero, enter "0" in column 2				+145=		OR	بسينها		
CLAIMS AS AMENDED - PART II								TOTAL	ــــــ	OR			
(Column 1)				(Column 2) (Column 3			L	SMAL	L ENTITY	OR	OTHER SMALL		
DMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž.	Total	. 20	Minus	- 7	0	e.	1	XS 9=		OR	X318=	/	
	Independent	• 3	Minus	•••	3	s		X43=	1	OR	X86=/		
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1		+	1	/-		
	•	•	•	•	•		·· L	+145=		OR	+290=		
	(Column 1) (Column 2) (Column 3)							ADDIT, FEE OR ADDIT, FEE					
	12012	CLAIMS ERIGAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 10	Minus :	")	0	-/		XS 9=		OR	XS18+		
	Independent	NTATION OF MI	Minus .	3)	·\\\		X43=	1	OR	X86=\	//	
	HOI FRESE	A-VIOLO, W	JUINUE DEI	'ENDENT (CLAIM	-+ :-	1	-145=		OR	+290=		
							AC	TOTAL		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
	<u> </u>	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Fotal	•	Minus	44		•		XS 9=	1.55		X\$18=		
L	ndependent	•	Minus	***		*	I⊢	X43=		OR		 .	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X86=		
4 1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								1	OR	+290=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE										OR A	DOIT, FEE		
Th	& "Hickort Muni	her Provinces Date	Earl (Total as	And an and a second									